

Case Number:	CM13-0028403		
Date Assigned:	12/11/2013	Date of Injury:	06/02/1997
Decision Date:	04/30/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 52-year-old female who reported an injury on 06/02/1997. The mechanism of injury information was not provided in the medical records. The patient's diagnoses include neck pain secondary to discogenic process; migraines, discogenic in origin; and multilevel discogenic process; cervical spine with overt disc annular tears at multiple levels. The most recent documentation dated 12/04/2013 reports the patient was experiencing back stiffness and pain with stiffness with any movement. The patient's condition has existed for an extended amount of time. Pain is described as aching, burning, chronic, intermittent, pressure, shooting, stabbing, tingling, numbness, and sore. She rates her pain 6/10 on a pain scale. The patient also has complaints of lower back and mid-back pain and stiffness. The patient was working full time. Objective findings upon examination revealed the patient's gait and station revealed midposition without abnormalities. Muscle strength for all groups tested revealed measurements of 2/5 to the left shoulder abductors and adductor muscle strength. Bilateral biceps, triceps, wrist extensors, wrist flexors, thumb abductors, finger extensors, finger flexors, and finger abductors were measured at 5-/5 for muscle strength. The patient had tenderness in the paraspinous area of the cervical spine with radiation into bilateral shoulders. The patient states she had an increase in frequency of her headaches, with them occurring on a weekly basis. Deep tendon reflexes were normal. Examination of the spine revealed pain to palpation over the C2-3, C3-4, and C4-5 facet capsules. There was secondary myofascial pain with triggering on the right; and pain with rotational extension, indicative of facet capsule tears on the right. There was a positive Spurling's maneuver, and pain with Valsalva on the right with decreased response to pain maneuvers as well. There was diffuse tenderness to palpation along the spinous process, all the way from C2-4. There was generalized secondary myofascial pain, point tenderness triggering with forward bending.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

3 MONTH SUPPLY OF NORTRIPTYLINE 25MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN; SPECIFIC ANTIDEPRESSANTS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN Page(s): 13-16.

Decision rationale: California MTUS states that antidepressants for chronic pain are recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Analgesia generally occurs within a few days to a week, whereas antidepressant effects take longer to occur. There is no specific documentation indicating the efficacy of its use. There is no documented decrease in the patient's pain scores with the use of the medication, and any increase in the patient's functional abilities with the use of the medication, as recommended per guidelines. As such, medical necessity for continued use of the nortriptyline cannot be determined at this time. Therefore, the request for a 3 month supply of nortriptyline 25 mg #60 is non-certified.

3 MONTH SUPPLY OF WELLBUTRIN 100MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN; SPECIFIC ANTIDEPRESSANTS..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN Page(s): 13-16.

Decision rationale: California MTUS states that antidepressants for chronic pain are recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Analgesia generally occurs within a few days to a week, whereas antidepressant effects take longer to occur. There is no specific documentation indicating the efficacy of its use. There is no documented decrease in the patient's pain scores with the use of the medication, and any increase in the patient's functional abilities with the use of the Final Determination Letter for IMR Case Number [REDACTED] medication, as recommended per guidelines. As such, medical necessity for continued use of the nortriptyline cannot be determined at this time. Therefore, the request for a 3 month supply of Wellbutrin 100 mg #30 is non-certified.

3 MONTH SUPPLY OF COLACE SODIUM 250MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation VA DOD CLINICAL PRACTICE GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 77.

Decision rationale: Per California MTUS Guidelines, it is stated that prophylactic treatment of constipation should be initiated with the initiation of opioid therapy. A patient should be evaluated for adverse effects of opioids, to include constipation. The patient was receiving Percocet, which a side effect of the medication is constipation; however, as the prescription for Percocet will be non-certified, there will be no medical necessity for continued use of Colace. Therefore, the request for a 3 months' supply of Colace sodium 250 mg #60 is non-certified.

3 MONTH SUPPLY OF TOPAMAX 100MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS (AEDs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS Page(s): 16-18.

Decision rationale: Per California MTUS Guidelines, it is stated that anti-epilepsy drugs are recommended for neuropathic pain. There is documentation that the patient has been using the requested medication for a significant amount of time; however, there is no documentation indicating the efficacy of this medication with prior use, such as a decrease in the patient's pain or an increase in the patient's functional capabilities. As such, continued use cannot be determined as medically necessary, and the request for 3 months' supply of Topamax 100 mg #60 is non-certified. However, California MTUS Guidelines state that this medication should be allowed for weaning. Therefore, while the requested medication does not meet medical necessity based on the information presented, it is expected that the ordering provider will follow recommended medication guidelines for safe discontinuation.

3 MONTH SUPPLY OF PERCOCET 10/325MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

Decision rationale: Per California MTUS guidelines, it is stated that opioids have been suggested for neuropathic pain that has not responded to first-line recommendations, to include antidepressant or anticonvulsant therapy. There are no trials of long-term use of opioid therapy for chronic pain. It appears to be efficacious, but limited for short-term pain relief. And long-term efficacy is unclear. It is also noted in California MTUS Guidelines, with the use of opioids, there should be documentation of ongoing review of pain relief and functional status, side effects, and appropriate medication use. There is no documentation in the medical record of any ongoing review and documentation of pain relief or functional status with the requested medication. There is no documentation of the medication efficacy to suggest that there is a

medical necessity for continued use. As such, the request for 3 months' supply of Percocet 10/325 mg #30 is non-certified. While the requested medication does not meet medical necessity based on information presented, it is expected that the ordering provider will follow recommended medication guidelines for safe discontinuation.

3 MONTH SUPPLY OF RELPAX 20MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MOSBY'S DRUG CONSULT

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) HEAD TRIPTANS

Decision rationale: California MTUS/ACOEM does not address triptans or Relpax. Official Disability Guidelines states that Relpax is recommended for the treatment of migraines. However, there is no thorough documentation of the patient's history with migraines, to include the duration, interval, and intensity. There is no documentation provided of the efficacy of the medication requested. It is noted in the most recent clinical note that the patient states her frequency of her migraines have increased to weekly, which is suggestive that the requested medication is not effective in helping ease or alleviate the patient's headaches. Therefore, medical necessity for continued use cannot be determined at this time. As such, the request for 3 months' supply of Relpax 20 mg #30 is non-certified.